

1997 ECONOMIC CENSUS GUAM

OMB No. 0607-0839: Approval Expires 03/31/2000

DUE DATE FEBRUARY 12, 1998

If you have questions about completing this report, please write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Return your completed form to:

BUREAU OF THE CENSUS ATTENTION: OUTLYING AREAS 1201 East Tenth Street Jeffersonville, IN 47134-0001

Please read the accompanying instructions before answering the questions. If records are not available, reasonable estimates are acceptable.

Census use only										

OA-9863

(Please correct any errors in the name, address, and ZIP Code.)

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

		9 P							
Ite	m 1. PHYSICAL LOCATION		Ite	m 3. OPERATIONAL STATUS (Con	tinued)				
a.	What is the PHYSICAL location of this establighterent from the mailing address? If the location cannot be described by number an give as much information as possible such as national contents.	b. Which of the following best describes the operational status of this establishment at the end of 1997? Mark (X) only ONE box.							
	center, street intersection, highway number, or dinearest town. NOTE – P.O. boxes or rural routes are not physic			001 1 ☐ In operation 2 ☐ Temporarily or seasonally inactive 3 ☐ Ceased operation – <i>Give date</i> →			Day	Year	
				4 Sold or leased to another operator – Give date — AND enter name, etc., be					
				Name of new owner or operator					
b.	In what district is this establishment physicalocated?	ally		Number and street					
	114								
				C't-	Chata	710.0	1 .		
				City or town	State	ZIP Co	oae		
Ite	m 2. EMPLOYER IDENTIFICATION NUMBER								
	Is the Employer Identification Number (EIN) label the same as that used for this establish latest 1997 Employer's Quarterly Federal Tailnternal Revenue Service (IRS) Form 941-SS?	Item 4. LEGAL FORM OF ORGANIZATION Which of the following best describes the legal form of organization of this establishment at the end of 1997? Mark (X) only ONE box.							
	2 ☐ NO – Enter current EIN (9 digits) ————————————————————————————————————			003 1 Individual proprietorship 2 Partnership 0 Corporation					
Ite	m 3. OPERATIONAL STATUS	Number of months		5 Government – Specify					
a.	How many months during 1997 did this firm or organization actively operate this establishment?	002		9 Other – Specify					

HOW TO Report dollar values rounded	Mil- Thou-	Dol-	Item 8. KIND OF BUSINESS OR ACTIVITY (Continued)	
REPORT to thousands.	lions sands (000)	lars (000)	070 Radio, TV, and electronic store [5731
DOLLAR FIGURES EXAMPLE: Report \$1.125.628 as →		(000)	F	5812
7 17 12 13 25				5813
Item 5. DOLLAR VOLUME OF BUSINES What was the total dollar volume			9	5912
of merchandise sales and other	Mil. Thou.	Dol.	Liquor store	
operating receipts for this establishment in 1997?	1010			5941 5942
	HOTIONIC			5942 5943
Item 6. PAYROLL IN 1997 BEFORE DED		Dol.	Jewelry store	
NA(1	Mil. Thou.	DOI.		5947
a. What was the total ANNUAL payroll, before deductions, for			33.3.	5948
this establishment in 1997?			Florist	
b. What was the FIRST QUARTER	031			5995 5999
(January-March) payroll, before deductions?	1 1		Other kind of retail business – <i>Specify</i>	5999
Item 7. EMPLOYMENT IN 1997	Numb	er		
a. How many EMPLOYEES (full- and par	rt- 032		Finance, insurance, and real estate	
time) were on your payroll during the period which included March 12, 199	e pay		Subdivider and developer, except cemeteries [6552
b. How many PROPRIETORS and PARTI			Other kind of finance, insurance, and real estate - Specify	6999
worked 15 or more hours during the	NLING			
which included March 12, 1997?			Hotale metals and quest houses	
 c. How many UNPAID FAMILY member worked 15 or more hours during the 			Hotels, motels, and guest houses Hotel with 15 or more guestrooms	7011
which included March 12, 1997?	WCCK		Hotel with less than 15 guestrooms	
Item 8. KIND OF BUSINESS OR ACTIVI	TY		Guest houses	
What was the PRINCIPAL kind of busine		hment		7099
in 1997 (or activity by which this establ trade or public)? <i>Mark (X) only ONE box.</i>		o the		
Agricultural services or production	070	0100		
Mining			Services	7045
Construction	_	_	Coin-operated laundries and drycleaning	7215
General building contractor			Barber shop	
Heavy construction – streets, bridges, sev		1600		7311
Special trade contractor – painting, electric plumbing, etc.		1700	3	7349
Manufacturing – Specify		2000		7353
			Equipment rental and leasing – furniture, party supplies, etc	7359
Travel agencies and other passenger			aspense, see	7363
transportation services	_	7	Film developing services	7384
Water transportation services				7514
Travel agency		J 4724 T 4725		7532
Other services in arranging passenger tra			· · · ·	7539
Wholesale trade	naportation	J 4/2/		☐ 7623 ☐ 7629
Durable goods		5000	Other repair services – Specify	
Nondurable goods		5100	, , , , , , , , , , , , , , , , , , , ,	
Retail trade Hardware store	Г] E2E1		
General merchandise store				7841
Grocery store			Amusement and recreation services – Specify	7999
Meat and fish market		5421		
Retail bakery			Medical doctor's office, including clinics	8011
New and used car dealer			9	8011
Auto and home supply store			3	8111
Gasoline service station	_	-	Engineering services	8711
Women's clothing store				8712
Family clothing store			Surveying services	
Shoe store				8741 8748
Specialized apparel and accessory store -	T-shirts,	7 5400	Business consultant	= ' ' ' '
uniforms, bathing suits, etc				8999
Homefurnishing store – carpet, floor tile,			, , , ,	
Household appliance store				

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If not shown, please enter your 11-digit Census from the address label on page 1	s File Number		Census File Number					
Item 9. CLASS OF CUSTOMER								
To whom did this establishment sell most of its p provide its services in 1997?	products or	NOTE – Answer items 12 and 13 ONLY if the principal business or activity (item 8) for this establishment is HOTELS, MOTELS, AND OTHER LODGING PLACES. Otherwise skip to item 14.						
310 1 To local residents		Item 12. SOURCES OF RECEIPTS FOR HOTELS, M AND OTHER LODGING PLACES	ИОТЕ	LS,				
2 ☐ To visiting tourists 3 ☐ To retail or wholesale establishments			Receipts must be reported as percentages of total 1997					
4 To construction contractors			receipts (item 5). Exclude occupancy or other taxes collected from customers.					
5 To institutional, industrial, commercial, professional, government, and farm users		What was the estimated percentage of 1997 SALES AND RECEIPTS FROM CUSTOMERS for the following?						
6 ☐ Other customers – Specify ⊋			(Do not include receipts from coin-operated machine maintained by others.)					
				Cen- sus use	Percent of sales			
HOW TO Report percentages as whole numbers	Percent		included as a room package, estimate the	400	402			
REPORT PERCENTS EXAMPLE: Report 38.76% as ———	39	%	percentage for meals on line a(2).)	0010	%			
NOTE – If the principal business or activity (item 8) for t is HOTELS, MOTELS, AND OTHER LODGING PLACES, so Otherwise, complete item 10.		nt	(2) Sales of meals and nonalcoholic beverages	0120	%			
			(0) 6 1					
Item 10. SOURCE OF SALES OR RECEIPTS	Percent 312		(3) Sales of alcoholic beverages for consumption on premises	0130	%			
a. What was the estimated percentage of total 1997 sales or receipts (item 5) for products manufactured at this location?		%	(4) Sales of packaged liquor, wine, or beer	0140	%			
b. What were the principal lines of merchandise construction work done, products produced, provided? Estimate the percentage each was of th in 1997 (item 5) (e.g., gasoline 85%, auto repairs 10	or services ne sales or receip	ots		9800	% %			
Source	Percent		(3) Sales of other merchandise	9800	70			
		%	(6) All other receipts from customers (Include ballrooms, convention halls, laundry, valet, and other services.)	9980	%			
		%	(7) TOTAL					
		%	` (Sum of lines (1) through (6) should equal	9990	100 %			
		%	b. Were any receipts OTHER than from customers	recei	ved by			
		% %	this establishment in its business operation? (In and commission receipts from operators of leased de concessions and stores, and coin-operated machines	d departments,				
		%	Mil. Th	hou.	Dol.			
		70	379					
TOTAL	100	%	378 1 ☐ YES – What was the amount? ——→					
Item 11. PURCHASES FROM OTHER BUSINESS What was the estimated percentage of the total dollar value of 1997 purchases for each	ES		2 □ NO					
of the listed items? Supplies and materials purchased	Percent 987		Item 13. NUMBER AND TYPE OF ACCOMMODAT	IONS				
a. Locally		%	a. What was the number of rooms, units, or					
b. Not locally	989	%	quarters primarily rented as transient, as of	ecemb	Number as of cember 31, 1997			
TOTAL	100	%	number which can be rented as single units. Suites of rooms which cannot be subdivided	•				
Services purchased c. Locally	991	%	should be counted as a single unit.	.1				
C. Locally	993	/0	 b. Were more than half of guestroom or unit renta receipts in 1997 from transient guests? 	II .				
d. Not locally		%	383 1 TYES					
TOTAL	2 □ NO							

Item 14. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION			Item 14. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION (Continued)												
Answer this item only if your Census File Number (CFN), shown on the address label of this report form, begins with a zero. If the CFN does not begin with a zero, skip to item 16.						c. Did this company operate at more than one location during 1997?									
a.	Is this company owned or controlled		OR CONTROLLING CO	OMPAN	NY NA	ME,	1	NOTE – Locations which are not staf least one employee covered considered separate. Include data reported for the main it				d by this EIN should NOT be e data for these locations with			
	by another company?	Name					-	YES – List additional locations below and provide the information requested. If more space is needed, continue in REMARKS (item 15).					e ed,		
	1 YES →	Address					- I		□ NO -	Skip to item 16					
	2 □ NO								Name, address,	and election district	1997	Mil.	Thou.	Dol.	
	20110						-					081	! !		
		FINI (O digita)	,				\top	1			Sales		 		
b.	Does this		OR CONTROLLED COM	 1PANY	NAM	IE,	Н	-	Kind-of-busines	s description		082	l I		
	company own or	ADDRESS, AND	ZIP CODE						Kind of busines	3 description	Annual		I		
	control any other	Mana									payroll		! 		
	company or companies?	Name					- [Name, address,	and election district		081	 		
	098	Address					_						 		
	1 ☐ YES →							2			Sales		İ		
	2 NO						-	2	Kind-of-busines	a description	_	082	l		
							Д		Killu-oi-busines	s description	Ammusl		 		
		EIN (9 digits) -	→ -								Annual payroll				
Iter	n 15. REMA l	RKS – Please u	ise this space for ar	ny ex	plana	atioi	ns th	at n	nay be essentia	al in understanding	the repo	orted da	ta.		
Item 16. CERTIFICATION - This report is substantially accurate and has been prepared in accordance with the instructions.															
Print name of person to contact regarding this report			anu			FROM: Month Year		O: Mon		ear					
									eriod covered this report ->						
Tolor	ohone	Area code	Number	E	Extens	sion		Pre	eparer's signatur	e	•	Di	ate		
reie	JHOHE														